

Exhibit 1e

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BROWN, DOMESTICUS D. 21534-039 C8 FCI McKean
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am appealing the BP's Response dated 12/30/03 by Chancellor Watson. Watson's Response he asserts that it would not be practical for the Warden to separate smokers from non-smokers by assigning separate housing. He also asserts that he was had to warn me in the past about smoking. To begin with, Watson is not the Warden. He has neither the capacity nor the authority to say what is practical and what is not by organizing a move to separate smokers from non-smokers. But, besides that practicality is not an issue when it comes to the health and life of an individual. For this reason, Watson is incompetent. Above more, Watson is a liar when he alleges that he has had to warn me in the past about smoking. I do not smoke. I have never smoked, and will not ever smoke. Smoking is in violation of my Religion for me and for two it is bad for my health. And anyone who knows me will attest to the same including my past and present cell mates. To add in addition even so Watson fails to recall. My injuries occurred in that I suffer from breathing second hand smoke. That is a result of this. Warden has had the opportunity to develop over the years that I've been incarcerated at FCI McKean and will continue to develop in stages if I am to continue to suffer. Therefore I request that the Warden separate smokers from non-smokers and to compensate me in the amount of \$10,000,000.00 (ten million dollars).

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER: 21534-039

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BROWN, Demetrius
Reg. No.: 21534-039
MCK 321868-F1

Part B - Response

This is in response to your Request for Administrative Remedy, receipted in my office on January 8, 2004, wherein you request smokers to be separated from non-smokers, and to be compensated in the amount of \$10,000,000.

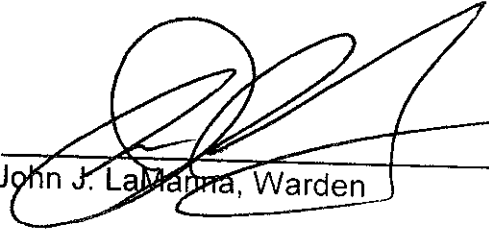
According to Program Statement 1640.03 Smoking/No Smoking Areas, the Bureau of Prisons will restrict areas and circumstances where smoking is permitted within its institutions and offices. At all low, medium, high, and administrative institutions, the Warden may, but is not required to, designate a limited number of indoor smoking areas. To the extent practicable, living facilities shall be separated into smoking and nonsmoking areas sufficient to accommodate all nonsmokers. It further states areas where smoking shall not be permitted. Housing units is not listed in this section.

At this institution, the Warden has designated lower tiers of the housing units to be a nonsmoking area. For this reason, you have been assigned to a lower tier in your housing unit.

Based on this information, your Request for Administrative Remedy is denied.

In the event you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP-DIR-230 to the regional director.

1-21-04
Date


John J. LaManna, Warden